

Office of Administration
Commissioner's Office
 Contract Period July 1, 2015 – June 30, 2016
"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name Date Enrolled 10-18-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
2-8-17	Starter Assembly	\$181.22	<u> </u> has been an A2A client since 10-18-16. She is following through with appointments and classes. <u> </u> is working 25-30 hours per week and needs a working car to get to her job, classes, and necessary appointments. She is due with her third child in May. There are no other sources of funding in the community to assist with this repair.
	Labor	\$122.40	
	Discount	-\$82.03	
Amt to be reimbursed		\$221.59	

Authorized person requesting purchase: Janet Doss Date: 2-8-17

Alliance for Life Program Manager: Marsha Middleton

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____